

**TABLE 1. Recommended Schedule of Doses for Heptavalent Pneumococcal Conjugate Vaccine (PCV7), including Primary Series and Catch-up Immunizations, in Previously Unvaccinated Children. \***

Age at First Dose	Primary Series	Booster Dose†
2-6 mo	3 doses, 6-8 wk apart	1 dose at 12-15 mo of age
7-11 mo	2 doses, 6-8 wk apart	1 dose at 12-15 mo of age
12-23 mo	2 doses, 6-8 wk apart	
≥24 mo‡	1 dose	

\*Recommendations for high-risk groups are given in Table 3.

†Booster doses to be given at least 6 to 8 weeks after the final dose of the primary series.

‡The AAP is not recommending universal immunization of low and moderate risk children in this age group at this time. (See point 5 on front.)

**TABLE 2. Children at High or Moderate Risk of Invasive Pneumococcal Infection**

<p><b>High Risk (attack rate of invasive pneumococcal disease &gt;150/100 000 cases/yr)</b></p> <ol style="list-style-type: none"> <li>1. Sickle-cell disease, congenital or acquired asplenia, or splenic dysfunction</li> <li>2. Infection with human immunodeficiency virus</li> </ol> <p><b>Presumed High Risk (attack rate, not calculated)</b></p> <ol style="list-style-type: none"> <li>1. Congenital immune deficiency: some B- (humoral) or T-lymphocyte deficiencies, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), or phagocytic disorders (excluding chronic granulomatous disease)</li> <li>2. Chronic cardiac disease (particularly cyanotic congenital heart disease and cardiac failure)</li> <li>3. Chronic pulmonary disease (including asthma treated with high-dose oral corticosteroid therapy)</li> <li>4. Cerebrospinal fluid leaks</li> <li>5. Chronic renal insufficiency, including nephrotic syndrome</li> <li>6. Diseases associated with immunosuppressive therapy or radiation therapy (including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease) and solid organ transplantation*</li> <li>7. Diabetes mellitus</li> </ol> <p><b>Moderate Risk (attack rate of invasive pneumococcal disease &gt;20 cases/100 000/yr) (See point 4 on front.)</b></p> <ol style="list-style-type: none"> <li>1. All children 24-35 mo old</li> <li>2. Children 36-59 mo old attending out-of-home care</li> <li>3. Children 36-59 mo old who are of Native American, Alaskan Native, or African American descent</li> </ol>
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\*Guidelines for the use of pneumococcal vaccines for children who have received bone marrow transplants are currently undergoing revision. (CDC, personal communication)

**TABLE 3. Recommendations for Pneumococcal Immunization with Heptavalent Pneumococcal Conjugate Vaccine (PCV7) or 23-Valent Pneumococcal Polysaccharide (23PS) Vaccines for Children at High Risk of Pneumococcal Disease, as Defined in Table 2**

Age	Previous Doses	Recommendations
≤23 mo	None	PCV7 as in Table 1
24-59 mo	4 doses of PCV7	1 dose of 23PS at 24 mo, at least 6-8 wk after last dose of PCV7 1 dose of 23PS, 3-5 y after the first dose of 23PS
24-59 mo	1-3 doses of PCV7	1 dose of PCV7 1 dose of 23PS, 6-8 wk after the last dose of PCV7 1 dose of 23PS, 3-5 y after the first dose of 23PS
24-59 mo	1 dose of 23PS	2 doses of PCV7, 6-8 wk apart, beginning at least 6-8 wk after last dose of 23PS 1 dose of 23PS, 3-5 y after the first dose of 23PS
24-59 mo	None	2 doses of PCV7, 6-8 wk apart 1 dose of 23PS, 6-8 wk after the last dose of PCV7 1 dose of 23PS, 3-5 y after the first dose of 23PS